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BAKERBOTTS_{LLP}

PETITION FOR EXTENSION OF			Docket	Number (Optional) A33655 064727.0105
	In re Application of	Alan W. Cripps et al.		
	Application Number	09/	359,426	Filed July 22, 1999
	For ANTIGENIC COMPOSITION OF A * see attached			
This is a second of the second	Group Art Unit	1645	Examiner De	evi, Sarvamangalaj N
This is a request under the provisions of reply in the above identified application.			filing a	
The requested extension and appropriate (check time period desired):	non-small-entity	fee are as follows		
One month (37 CFR 1.17(a)	(1))			œ
Two months (37 CFR 1.17(a)(2))			•	\$
Three months (37 CFR 1.17(a)(3))				\$ 930
Four months (37 CFR 1.17(a)(4))				\$
Five months (37 CFR 1.17(a)(5))				\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377 I have enclosed a duplicate copy of this sheet. I am the applicant/inventor assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration on this form may become public. Credit card information should not be Included on this form. Provide credit card information and authorization on PfO-2038.				
September 22, 2003	(Lochelle	K- In	ul
Date	,	Signatu	/- -	
PTO Reg No.: 32,300	1	Rochelle K. Se	nelle K. Seide	
			r printed r	name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total offorms are submitted.				